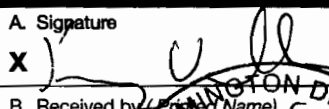


D.I. # _____

CIVIL ACTION

NUMBER: 07-388 JJF ⁸³⁵U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>RODNEY SQUARE</u> Date of Delivery <u>JUL 16 2008</u></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
<p>1. Article Addressed to:</p> <p>LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>07-835 JJF</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 3020 0002 3324 6500</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Scanned KDK 7/16/08